Pulmonary *Aspergillus niger*

**Key words:** *aspergillus niger*, fungal ball, melanin

A 51-year-old man, who underwent left upper lobectomy for squamous cell carcinoma three years earlier, developed hemosputum and chest computed tomographic film demonstrated a fungal ball in the left upper lung area (Fig. 1). Antibody to *aspergillus* was positive and oral itraconazole therapy was administered, but the patient demonstrated recurrent hemosputum. Therefore, a 16-gauge central venous catheter was percutaneously inserted into the left upper cavity under ultrasound guidance. The specimen obtained from the cavity was black, but the culture was negative. Thereafter, amphotericin B was injected directly into the cavity at a dose of 20 mg per day three times per week for eight months and a gradual decrease of the fungal ball was observed. Unfortunately, the patient abruptly died of right tension pneumothorax. Necropsy of the fungal ball was performed. The fungal body was black with a non-staining specimen. Culture on a special fungal ground was negative. To distinguish melanin-producing species from black fungi, we performed Fontana-Masson staining (Fig. 2), which demonstrated melanin-producing spore formation. From the globose conidial head, we diagnosed this case as "*Aspergillus niger*".

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